

**APPLICATION DATA SHEET****Application Information**

Application Type:	National Phase
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Number of CD disks:	
Number of copies of CDs:	
Sequence submission?:	
Computer Readable Form (CRF):	
Number of copies of CRF:	
Title:	USE OF CICLESONIDE FOR THE TREATMENT OF RESPIRATORY DISEASES
Attorney Docket Number:	27234U
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggest Drawing Figure:	
Total Drawing Sheets:	0
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed U.S. Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	

**Applicant Information (1)**

Applicant Authority type:	Inventor
Primary Citizenship Country:	DE
Status:	Full Capacity
Given Name:	Thomas
Middle Name:	
Family Name:	BETHKE
Name Suffix:	
City of Residence:	Konstanz

State or Province of Residence:  
Country of Residence: DE  
Street of Mailing address: Benedikt-Bauer-Str. 20,  
City of mailing address: Konstanz  
State/Province of mailing address:  
Country of mailing address: DE  
Postal Code of mailing address: 78467

**Applicant Information (2)**

Applicant Authority type: Inventor  
Primary Citizenship Country: DE  
Status: Full Capacity  
Given Name: Renate  
Middle Name:  
Family Name: ENGELSTAETTER  
Name Suffix:  
City of Residence: Allensbach  
State or Province of Residence:  
Country of Residence: DE  
Street of Mailing address: Im Vogelsang 9a,  
City of mailing address: Allensbach  
State/Province of mailing address:  
Country of mailing address: DE  
Postal Code of mailing address: 78476

**Applicant Information (3)**

Applicant Authority type: Inventor  
Primary Citizenship Country: DE  
Status: Full Capacity  
Given Name: Wilhelm  
Middle Name:  
Family Name: WURST  
Name Suffix:  
City of Residence: Konstanz  
State or Province of Residence:  
Country of Residence: DE  
Street of Mailing address: St.-Verena-Weg 2,  
City of mailing address: Konstanz

State/Province of mailing address:  
Country of mailing address: DE  
Postal Code of mailing address: 78465

**Representative Information**

<b>Representative Customer Number:</b>	034375
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**Foreign Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>

**Domestic Priority Information**

<b>Country:</b>	<b>Application number:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
US	60/502,984	16 Sept. 2003 (16.09.2003)	Yes

**Assignee Information**

Assignee name: Altana Pharma AG  
Street of mailing address: Byk-Gulden-Str. 2  
City of mailing address: Konstanz  
State/Province of mailing address:  
Country of mailing address: DE  
Postal Code of mailing address: 78467